

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$2,105,761	\$3,100,022	\$994,261	47%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$20,178,554	\$18,519,560	(\$1,658,994)	-8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$5,185,038	\$10,424,098	\$5,239,060	101%
5	Due From Affiliates	\$1,634,513	\$3,731,723	\$2,097,210	128%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$572,964	\$593,080	\$20,116	4%
8	Prepaid Expenses	\$1,049,390	\$778,317	(\$271,073)	-26%
9	Other Current Assets	\$2,774,106	\$2,282,871	(\$491,235)	-18%
	Total Current Assets	\$33,500,326	\$39,429,671	\$5,929,345	18%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$54,638,548	\$70,154,812	\$15,516,264	28%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$54,638,548	\$70,154,812	\$15,516,264	28%
5	Interest in Net Assets of Foundation	\$64,936,027	\$75,558,434	\$10,622,407	16%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$10,890,251	\$20,706,949	\$9,816,698	90%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$158,786,993	\$163,914,593	\$5,127,600	3%
2	Less: Accumulated Depreciation	\$66,634,489	\$75,036,631	\$8,402,142	13%
	Property, Plant and Equipment, Net	\$92,152,504	\$88,877,962	(\$3,274,542)	-4%
3	Construction in Progress	\$1,810,345	\$2,238,237	\$427,892	24%
	Total Net Fixed Assets	\$93,962,849	\$91,116,199	(\$2,846,650)	-3%
	Total Assets	\$257,928,001	\$296,966,065	\$39,038,064	15%

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$19,772,680	\$23,010,263	\$3,237,583	16%
2	Salaries, Wages and Payroll Taxes	\$9,550,755	\$8,491,932	(\$1,058,823)	-11%
3	Due To Third Party Payers	\$413,822	\$1,654,459	\$1,240,637	300%
4	Due To Affiliates	\$286,435	\$642,915	\$356,480	124%
5	Current Portion of Long Term Debt	\$2,260,000	\$2,375,000	\$115,000	5%
6	Current Portion of Notes Payable	\$3,212,480	\$4,222,279	\$1,009,799	31%
7	Other Current Liabilities	\$672,037	\$613,519	(\$58,518)	-9%
	Total Current Liabilities	\$36,168,209	\$41,010,367	\$4,842,158	13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$32,943,820	\$30,531,457	(\$2,412,363)	-7%
2	Notes Payable (Net of Current Portion)	\$5,350,871	\$9,031,106	\$3,680,235	69%
	Total Long Term Debt	\$38,294,691	\$39,562,563	\$1,267,872	3%
3	Accrued Pension Liability	\$14,507,634	\$15,664,920	\$1,157,286	8%
4	Other Long Term Liabilities	\$16,980,215	\$16,506,227	(\$473,988)	-3%
	Total Long Term Liabilities	\$69,782,540	\$71,733,710	\$1,951,170	3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$69,608,421	\$80,916,370	\$11,307,949	16%
2	Temporarily Restricted Net Assets	\$13,020,038	\$17,283,499	\$4,263,461	33%
3	Permanently Restricted Net Assets	\$69,348,793	\$86,022,119	\$16,673,326	24%
	Total Net Assets	\$151,977,252	\$184,221,988	\$32,244,736	21%
	Total Liabilities and Net Assets	\$257,928,001	\$296,966,065	\$39,038,064	15%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$344,928,055	\$371,042,265	\$26,114,210	8%
2	Less: Allowances	\$161,417,567	\$176,951,244	\$15,533,677	10%
3	Less: Charity Care	\$5,034,035	\$1,326,729	(\$3,707,306)	-74%
4	Less: Other Deductions	\$0	\$7,536,263	\$7,536,263	0%
	Total Net Patient Revenue	\$178,476,453	\$185,228,029	\$6,751,576	4%
5	Other Operating Revenue	\$3,049,588	\$2,901,151	(\$148,437)	-5%
6	Net Assets Released from Restrictions	\$11,889,220	\$10,727,674	(\$1,161,546)	-10%
	Total Operating Revenue	\$193,415,261	\$198,856,854	\$5,441,593	3%
B. Operating Expenses:					
1	Salaries and Wages	\$83,825,162	\$87,562,032	\$3,736,870	4%
2	Fringe Benefits	\$18,156,816	\$22,943,046	\$4,786,230	26%
3	Physicians Fees	\$7,012,619	\$8,406,976	\$1,394,357	20%
4	Supplies and Drugs	\$13,644,306	\$15,331,012	\$1,686,706	12%
5	Depreciation and Amortization	\$9,422,221	\$9,805,033	\$382,812	4%
6	Bad Debts	\$3,808,276	\$3,302,352	(\$505,924)	-13%
7	Interest	\$1,921,628	\$1,388,163	(\$533,465)	-28%
8	Malpractice	\$5,204,113	\$4,807,075	(\$397,038)	-8%
9	Other Operating Expenses	\$42,540,189	\$46,569,934	\$4,029,745	9%
	Total Operating Expenses	\$185,535,330	\$200,115,623	\$14,580,293	8%
	Income/(Loss) From Operations	\$7,879,931	(\$1,258,769)	(\$9,138,700)	-116%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,388,602	\$16,535,869	\$14,147,267	592%
2	Gifts, Contributions and Donations	\$531,228	\$0	(\$531,228)	-100%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$2,919,830	\$16,535,869	\$13,616,039	466%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$10,799,761	\$15,277,100	\$4,477,339	41%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$10,799,761	\$15,277,100	\$4,477,339	41%
	Principal Payments	\$5,260,291	\$5,777,048	\$516,757	10%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$438,448	\$327,619	(\$110,829)	-25%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$23,850,353	\$23,049,963	(\$800,390)	-3%
4	MEDICAID MANAGED CARE	\$81,656,061	\$94,927,992	\$13,271,931	16%
5	CHAMPUS/TRICARE	\$457,574	\$876,816	\$419,242	92%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$96,948,589	\$100,206,322	\$3,257,733	3%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$754,800	\$3,559,565	\$2,804,765	372%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$204,105,825	\$222,948,277	\$18,842,452	9%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$144,624	\$65,268	(\$79,356)	-55%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$6,196,003	\$4,035,580	(\$2,160,423)	-35%
4	MEDICAID MANAGED CARE	\$55,894,857	\$65,955,051	\$10,060,194	18%
5	CHAMPUS/TRICARE	\$637,881	\$680,464	\$42,583	7%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$75,921,821	\$75,280,377	(\$641,444)	-1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$2,027,044	\$2,077,249	\$50,205	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$140,822,230	\$148,093,989	\$7,271,759	5%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$583,072	\$392,887	(\$190,185)	-33%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$30,046,356	\$27,085,543	(\$2,960,813)	-10%
4	MEDICAID MANAGED CARE	\$137,550,918	\$160,883,043	\$23,332,125	17%
5	CHAMPUS/TRICARE	\$1,095,455	\$1,557,280	\$461,825	42%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$172,870,410	\$175,486,699	\$2,616,289	2%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$2,781,844	\$5,636,814	\$2,854,970	103%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$344,928,055	\$371,042,266	\$26,114,211	8%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$2,622,018	\$2,997,225	\$375,207	14%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$8,485,769	\$7,360,983	(\$1,124,786)	-13%
4	MEDICAID MANAGED CARE	\$30,658,124	\$35,535,264	\$4,877,140	16%
5	CHAMPUS/TRICARE	\$76,422	\$326,298	\$249,876	327%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$56,766,631	\$66,112,554	\$9,345,923	16%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$227,133	\$504,320	\$277,187	122%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

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FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$98,836,097	\$112,836,644	\$14,000,547	14%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$872,231	\$598,250	(\$273,981)	-31%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$2,249,905	\$183,687	(\$2,066,218)	-92%
4	MEDICAID MANAGED CARE	\$18,226,888	\$22,644,620	\$4,417,732	24%
5	CHAMPUS/TRICARE	\$351,959	\$370,211	\$18,252	5%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$42,092,617	\$41,046,642	(\$1,045,975)	-2%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$609,974	\$761,886	\$151,912	25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$64,403,574	\$65,605,296	\$1,201,722	2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$3,494,249	\$3,595,475	\$101,226	3%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$10,735,674	\$7,544,670	(\$3,191,004)	-30%
4	MEDICAID MANAGED CARE	\$48,885,012	\$58,179,884	\$9,294,872	19%
5	CHAMPUS/TRICARE	\$428,381	\$696,509	\$268,128	63%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$98,859,248	\$107,159,196	\$8,299,948	8%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$837,107	\$1,266,206	\$429,099	51%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$163,239,671	\$178,441,940	\$15,202,269	9%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	8	8	0	0%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	474	348	(126)	-27%
4	MEDICAID MANAGED CARE	2,781	3,296	515	19%
5	CHAMPUS/TRICARE	31	38	7	23%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	3,014	3,030	16	1%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	51	80	29	57%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	6,359	6,800	441	7%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	77	46	(31)	-40%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	4,432	3,587	(845)	-19%
4	MEDICAID MANAGED CARE	14,477	15,751	1,274	9%
5	CHAMPUS/TRICARE	98	140	42	43%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	16,680	16,690	10	0%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	147	585	438	298%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	35,911	36,799	888	2%
C.	OUTPATIENT VISITS				

**CT CHILDREN'S MEDICAL CENTER
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FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	94	76	(18)	-19%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	5,224	3,488	(1,736)	-33%
4	MEDICAID MANAGED CARE	58,991	67,916	8,925	15%
5	CHAMPUS/TRICARE	570	631	61	11%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	72,700	70,744	(1,956)	-3%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	2,160	2,053	(107)	-5%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	139,739	144,908	5,169	4%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$12,966	\$11,775	(\$1,191)	-9%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$2,915,598	\$1,533,466	(\$1,382,132)	-47%
4	MEDICAID MANAGED CARE	\$26,960,187	\$27,519,964	\$559,777	2%
5	CHAMPUS/TRICARE	\$222,146	\$210,138	(\$12,008)	-5%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$22,418,693	\$14,120,930	(\$8,297,763)	-37%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,512,970	\$1,387,637	(\$125,333)	-8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$54,042,560	\$44,783,910	(\$9,258,650)	-17%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$10,114	\$9,184	(\$930)	-9%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$645,887	\$311,666	(\$334,221)	-52%
4	MEDICAID MANAGED CARE	\$5,687,693	\$6,048,888	\$361,195	6%
5	CHAMPUS/TRICARE	\$146,617	\$138,691	(\$7,926)	-5%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$14,478,209	\$8,954,157	(\$5,524,052)	-38%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$453,891	\$411,386	(\$42,505)	-9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$21,422,411	\$15,873,972	(\$5,548,439)	-26%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	8	13	5	63%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	2,673	1,716	(957)	-36%
4	MEDICAID MANAGED CARE	26,786	30,798	4,012	15%
5	CHAMPUS/TRICARE	197	235	38	19%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	16,107	15,803	(304)	-2%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,491	1,553	62	4%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	47,262	50,118	2,856	6%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$31,734,175	\$30,506,666	(\$1,227,509)	-4%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$52,090,987	\$57,055,366	\$4,964,379	10%
	Total Salaries & Wages	\$83,825,162	\$87,562,032	\$3,736,870	4%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$6,873,731	\$7,993,371	\$1,119,640	16%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$11,283,085	\$14,949,675	\$3,666,590	32%
	Total Fringe Benefits	\$18,156,816	\$22,943,046	\$4,786,230	26%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$7,012,619	\$8,406,976	\$1,394,357	20%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$7,012,619	\$8,406,976	\$1,394,357	20%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$8,558,185	\$9,457,563	\$899,378	11%
2	Pharmaceutical Costs	\$5,086,121	\$5,873,449	\$787,328	15%
	Total Medical Supplies and Pharmaceutical Cost	\$13,644,306	\$15,331,012	\$1,686,706	12%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,755,454	\$4,067,904	\$312,450	8%
2	Depreciation-Equipment	\$5,281,750	\$5,238,110	(\$43,640)	-1%
3	Amortization	\$385,017	\$499,019	\$114,002	30%
	Total Depreciation and Amortization	\$9,422,221	\$9,805,033	\$382,812	4%
F. Bad Debts:					
1	Bad Debts	\$3,808,276	\$3,302,352	(\$505,924)	-13%
G. Interest Expense:					
1	Interest Expense	\$1,921,628	\$1,388,163	(\$533,465)	-28%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$5,204,113	\$4,807,075	(\$397,038)	-8%
I. Utilities:					
1	Water	\$78,045	\$103,365	\$25,320	32%
2	Natural Gas	\$750,474	\$578,750	(\$171,724)	-23%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,453,775	\$1,559,140	\$105,365	7%
5	Telephone	\$259,857	\$215,145	(\$44,712)	-17%
6	Other Utilities	\$32,374	\$40,347	\$7,973	25%
	Total Utilities	\$2,574,525	\$2,496,747	(\$77,778)	-3%
J. Business Expenses:					
1	Accounting Fees	\$328,495	\$249,900	(\$78,595)	-24%
2	Legal Fees	\$785,328	\$679,384	(\$105,944)	-13%
3	Consulting Fees	\$1,476,245	\$1,366,026	(\$110,219)	-7%
4	Dues and Membership	\$705,917	\$704,517	(\$1,400)	0%
5	Equipment Leases	\$500,468	\$575,982	\$75,514	15%
6	Building Leases	\$3,582,083	\$4,098,333	\$516,250	14%
7	Repairs and Maintenance	\$1,471,056	\$1,753,270	\$282,214	19%
8	Insurance	\$255,669	\$288,494	\$32,825	13%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1) LINE	(2) DESCRIPTION	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Travel	\$145,224	\$109,360	(\$35,864)	-25%
10	Conferences	\$378,292	\$414,398	\$36,106	10%
11	Property Tax	\$51,044	\$17,466	(\$33,578)	-66%
12	General Supplies	\$2,172,566	\$2,267,663	\$95,097	4%
13	Licenses and Subscriptions	\$30,251	\$81,795	\$51,544	170%
14	Postage and Shipping	\$125,445	\$94,228	(\$31,217)	-25%
15	Advertising	\$1,045,703	\$1,081,458	\$35,755	3%
16	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$13,053,786	\$13,782,274	\$728,488	6%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$26,911,878	\$30,290,913	\$3,379,035	13%
	Total Operating Expenses - All Expense Categories*	\$185,535,330	\$200,115,623	\$14,580,293	8%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$20,202,298	\$19,598,358	(\$603,940)	-3%
2	General Accounting	\$1,544,742	\$1,746,329	\$201,587	13%
3	Patient Billing & Collection	\$1,072,461	\$1,036,478	(\$35,983)	-3%
4	Admitting / Registration Office	\$2,221,529	\$2,575,902	\$354,373	16%
5	Data Processing	\$2,877,341	\$4,473,926	\$1,596,585	55%
6	Communications	\$808,558	\$787,651	(\$20,907)	-3%
7	Personnel	\$2,888,601	\$2,977,375	\$88,774	3%
8	Public Relations	\$1,605,416	\$1,507,093	(\$98,323)	-6%
9	Purchasing	\$481,701	\$527,055	\$45,354	9%
10	Dietary and Cafeteria	\$3,171,812	\$3,415,257	\$243,445	8%
11	Housekeeping	\$2,894,696	\$3,190,707	\$296,011	10%
12	Laundry & Linen	\$9,380	\$24,577	\$15,197	162%
13	Operation of Plant	\$5,236,573	\$5,323,956	\$87,383	2%
14	Security	\$2,392,216	\$2,287,495	(\$104,721)	-4%
15	Repairs and Maintenance	\$324,078	\$413,184	\$89,106	27%
16	Central Sterile Supply	\$540,854	\$680,737	\$139,883	26%
17	Pharmacy Department	\$7,116,844	\$8,278,973	\$1,162,129	16%
18	Other General Services	\$1,835,232	\$1,534,628	(\$300,604)	-16%
	Total General Services	\$57,224,332	\$60,379,681	\$3,155,349	6%
B.	Professional Services:				
1	Medical Care Administration	\$3,132,342	\$4,049,318	\$916,976	29%
2	Residency Program	\$7,017,813	\$8,402,504	\$1,384,691	20%
3	Nursing Services Administration	\$1,134,509	\$1,239,371	\$104,862	9%
4	Medical Records	\$1,340,300	\$1,651,686	\$311,386	23%
5	Social Service	\$2,098,527	\$2,249,508	\$150,981	7%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$14,723,491	\$17,592,387	\$2,868,896	19%
C.	Special Services:				
1	Operating Room	\$8,850,183	\$9,941,001	\$1,090,818	12%
2	Recovery Room	\$0	\$0	\$0	0%
3	Anesthesiology	\$1,012,037	\$983,057	(\$28,980)	-3%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$3,547,553	\$4,636,218	\$1,088,665	31%
6	Diagnostic Ultrasound	\$824,125	\$765,278	(\$58,847)	-7%
7	Radiation Therapy	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$576,712	\$663,722	\$87,010	15%
10	Laboratory	\$4,390,463	\$4,379,072	(\$11,391)	0%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$219,834	\$278,886	\$59,052	27%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$417,133	\$422,756	\$5,623	1%
15	Occupational Therapy	\$1,259,419	\$1,572,951	\$313,532	25%
16	Speech Pathology	\$837,591	\$1,121,129	\$283,538	34%
17	Audiology	\$1,219,502	\$1,390,878	\$171,376	14%
18	Respiratory Therapy	\$3,241,685	\$3,490,936	\$249,251	8%
19	Pulmonary Function	\$379,650	\$407,368	\$27,718	7%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,003,655	\$1,124,580	\$120,925	12%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$8,046,430	\$8,844,923	\$798,493	10%
25	MRI	\$774,920	\$886,544	\$111,624	14%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$199,368	\$261,395	\$62,027	31%
29	Sleep Center	\$152,738	\$196,828	\$44,090	29%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$293,639	\$219,918	(\$73,721)	-25%
32	Occupational Therapy / Physical Therapy	\$2,406,055	\$2,829,173	\$423,118	18%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,698,279	\$2,961,401	\$263,122	10%
	Total Special Services	\$42,350,971	\$47,378,014	\$5,027,043	12%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$0	\$0	\$0	0%
2	Intensive Care Unit	\$6,785,163	\$7,511,309	\$726,146	11%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$16,722,195	\$19,367,973	\$2,645,778	16%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$2,055,093	\$13,751	(\$2,041,342)	-99%
8	Neonatal ICU	\$9,074,466	\$10,213,620	\$1,139,154	13%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$3,558,152	\$3,820,681	\$262,529	7%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$176,343	\$129,837	(\$46,506)	-26%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$38,371,412	\$41,057,171	\$2,685,759	7%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$32,865,124	\$33,708,370	\$843,246	3%
	Total Operating Expenses - All Departments*	\$185,535,330	\$200,115,623	\$14,580,293	8%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$173,156,229	\$ 178,476,453	\$185,228,029
2	Other Operating Revenue	14,216,438	14,938,808	13,628,825
3	Total Operating Revenue	\$187,372,667	\$193,415,261	\$198,856,854
4	Total Operating Expenses	184,175,127	185,535,330	200,115,623
5	Income/(Loss) From Operations	\$3,197,540	\$7,879,931	(\$1,258,769)
6	Total Non-Operating Revenue	5,953,954	2,919,830	16,535,869
7	Excess/(Deficiency) of Revenue Over Expenses	\$9,151,494	\$10,799,761	\$15,277,100
B. Profitability Summary				
1	Hospital Operating Margin	1.65%	4.01%	-0.58%
2	Hospital Non Operating Margin	3.08%	1.49%	7.68%
3	Hospital Total Margin	4.73%	5.50%	7.09%
4	Income/(Loss) From Operations	\$3,197,540	\$7,879,931	(\$1,258,769)
5	Total Operating Revenue	\$187,372,667	\$193,415,261	\$198,856,854
6	Total Non-Operating Revenue	\$5,953,954	\$2,919,830	\$16,535,869
7	Total Revenue	\$193,326,621	\$196,335,091	\$215,392,723
8	Excess/(Deficiency) of Revenue Over Expenses	\$9,151,494	\$10,799,761	\$15,277,100
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$102,605,588	\$69,608,421	\$80,916,370
2	Hospital Total Net Assets	\$187,615,037	\$151,977,252	\$184,221,988
3	Hospital Change in Total Net Assets	(\$24,774,027)	(\$35,637,785)	\$32,244,736
4	Hospital Change in Total Net Assets %	88.3%	-19.0%	21.2%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.50	0.49	0.51
2	Total Operating Expenses	\$177,612,255	\$185,535,330	\$200,115,623
3	Total Gross Revenue	\$318,489,734	\$344,928,055	\$371,042,266
4	Total Other Operating Revenue	\$34,201,544	\$30,958,808	\$24,648,825
5	Private Payment to Cost Ratio	1.10	1.16	1.21
6	Total Non-Government Payments	\$93,521,598	\$99,696,355	\$108,425,402

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
7	Total Uninsured Payments	\$544,879	\$837,107	\$1,266,206
8	Total Non-Government Charges	\$170,656,654	\$175,652,254	\$181,123,513
9	Total Uninsured Charges	\$2,303,687	\$2,781,844	\$5,636,814
10	Medicare Payment to Cost Ratio	7.48	12.14	18.10
11	Total Medicare Payments	\$3,511,979	\$3,494,249	\$3,595,475
12	Total Medicare Charges	\$932,116	\$583,072	\$392,887
13	Medicaid Payment to Cost Ratio	0.71	0.72	0.69
14	Total Medicaid Payments	\$52,332,440	\$59,620,686	\$65,724,554
15	Total Medicaid Charges	\$146,043,643	\$167,597,274	\$187,968,586
16	Uncompensated Care Cost	\$2,346,998	\$2,098,176	\$2,341,098
17	Charity Care	\$514,817	\$442,542	\$1,326,729
18	Bad Debts	\$4,145,704	\$3,808,276	\$3,302,352
19	Total Uncompensated Care	\$4,660,521	\$4,250,818	\$4,629,081
20	Uncompensated Care % of Total Expenses	1.3%	1.1%	1.2%
21	Total Operating Expenses	\$177,612,255	\$185,535,330	\$200,115,623
E.	Liquidity Measures Summary			
1	Current Ratio	0.88	0.93	0.96
2	Total Current Assets	\$39,981,686	\$33,500,326	\$39,429,671
3	Total Current Liabilities	\$45,392,943	\$36,168,209	\$41,010,367
4	Days Cash on Hand	20	4	6
5	Cash and Cash Equivalents	\$9,670,263	\$2,105,761	\$3,100,022
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$9,670,263	\$2,105,761	\$3,100,022
8	Total Operating Expenses	\$184,175,127	\$185,535,330	\$200,115,623
9	Depreciation Expense	\$8,267,960	\$9,422,221	\$9,805,033
10	Operating Expenses less Depreciation Expense	\$175,907,167	\$176,113,109	\$190,310,590
11	Days Revenue in Patient Accounts Receivable	38.62	40.42	33.23

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Net Patient Accounts Receivable	\$ 20,749,592	\$ 20,178,554	\$ 18,519,560
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,425,929	\$413,822	\$1,654,459
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 18,323,663	\$ 19,764,732	\$ 16,865,101
16	Total Net Patient Revenue	\$173,156,229	\$ 178,476,453	\$ 185,228,029
17	<u>Average Payment Period</u>	94.19	74.96	78.65
18	Total Current Liabilities	\$45,392,943	\$36,168,209	\$41,010,367
19	Total Operating Expenses	\$184,175,127	\$185,535,330	\$200,115,623
20	Depreciation Expense	\$8,267,960	\$9,422,221	\$9,805,033
21	Total Operating Expenses less Depreciation Expense	\$175,907,167	\$176,113,109	\$190,310,590
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	64.2	58.9	62.0
2	Total Net Assets	\$187,615,037	\$151,977,252	\$184,221,988
3	Total Assets	\$292,244,338	\$257,928,001	\$296,966,065
4	<u>Cash Flow to Total Debt Ratio</u>	19.9	27.2	31.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$9,151,494	\$10,799,761	\$15,277,100
6	Depreciation Expense	\$8,267,960	\$9,422,221	\$9,805,033
7	Excess of Revenues Over Expenses and Depreciation Expense	\$17,419,454	\$20,221,982	\$25,082,133
8	Total Current Liabilities	\$45,392,943	\$36,168,209	\$41,010,367
9	Total Long Term Debt	\$41,956,701	\$38,294,691	\$39,562,563
10	Total Current Liabilities and Total Long Term Debt	\$87,349,644	\$74,462,900	\$80,572,930
11	<u>Long Term Debt to Capitalization Ratio</u>	18.3	20.1	17.7
12	Total Long Term Debt	\$41,956,701	\$38,294,691	\$39,562,563
13	Total Net Assets	\$187,615,037	\$151,977,252	\$184,221,988
14	Total Long Term Debt and Total Net Assets	\$229,571,738	\$190,271,943	\$223,784,551
15	<u>Debt Service Coverage Ratio</u>	7.7	3.1	3.7
16	Excess Revenues over Expenses	\$9,151,494	\$10,799,761	\$15,277,100
17	Interest Expense	\$2,613,102	\$1,921,628	\$1,388,163
18	Depreciation and Amortization Expense	\$8,267,960	\$9,422,221	\$9,805,033

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
19	Principal Payments	\$0	\$5,260,291	\$5,777,048
G. Other Financial Ratios				
20	Average Age of Plant	7.0	7.1	7.7
21	Accumulated Depreciation	\$57,885,480	\$66,634,489	\$75,036,631
22	Depreciation and Amortization Expense	\$8,267,960	\$9,422,221	\$9,805,033
H. Utilization Measures Summary				
1	Patient Days	37,137	35,911	36,799
2	Discharges	5,806	6,359	6,800
3	ALOS	6.4	5.6	5.4
4	Staffed Beds	126	142	142
5	Available Beds	-	142	147
6	Licensed Beds	135	147	147
6	Occupancy of Staffed Beds	80.8%	69.3%	71.0%
7	Occupancy of Available Beds	80.8%	69.3%	68.6%
8	Full Time Equivalent Employees	1,189.5	1,195.2	1,212.5
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	52.9%	50.1%	47.3%
2	Medicare Gross Revenue Payer Mix Percentage	0.3%	0.2%	0.1%
3	Medicaid Gross Revenue Payer Mix Percentage	45.9%	48.6%	50.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	0.7%	0.8%	1.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$168,352,967	\$172,870,410	\$175,486,699
9	Medicare Gross Revenue (Charges)	\$932,116	\$583,072	\$392,887
10	Medicaid Gross Revenue (Charges)	\$146,043,643	\$167,597,274	\$187,968,586
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$2,303,687	\$2,781,844	\$5,636,814
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$857,321	\$1,095,455	\$1,557,280
14	Total Gross Revenue (Charges)	\$318,489,734	\$344,928,055	\$371,042,266
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	62.0%	60.6%	60.1%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
2	Medicare Net Revenue Payer Mix Percentage	2.3%	2.1%	2.0%
3	Medicaid Net Revenue Payer Mix Percentage	34.9%	36.5%	36.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.5%	0.7%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.3%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$92,976,719	\$98,859,248	\$107,159,196
9	Medicare Net Revenue (Payments)	\$3,511,979	\$3,494,249	\$3,595,475
10	Medicaid Net Revenue (Payments)	\$52,332,440	\$59,620,686	\$65,724,554
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$544,879	\$837,107	\$1,266,206
13	CHAMPUS / TRICARE Net Revenue Payments)	\$482,976	\$428,381	\$696,509
14	Total Net Revenue (Payments)	\$149,848,993	\$163,239,671	\$178,441,940
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	3,093	3,065	3,110
2	Medicare	10	8	8
3	Medical Assistance	2,676	3,255	3,644
4	Medicaid	2,676	3,255	3,644
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	27	31	38
7	Uninsured (Included In Non-Government)	38	51	80
8	Total	5,806	6,359	6,800
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.553500	1.448800	1.397600
2	Medicare	2.223000	2.177200	1.761100
3	Medical Assistance	1.482100	1.361100	1.262300
4	Medicaid	1.482100	1.361100	1.262300
5	Other Medical Assistance	0.000000	0.000000	0.000000
6	CHAMPUS / TRICARE	1.406500	0.945500	1.134500
7	Uninsured (Included In Non-Government)	0.983600	1.155500	1.031400
8	Total Case Mix Index	1.521061	1.402371	1.324052
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	3,037	2,838	3,473
2	Emergency Room - Treated and Discharged	43,517	47,262	50,118
3	Total Emergency Room Visits	46,554	50,100	53,591

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$16,362,609	\$0	(\$16,362,609)	-100%
2	Inpatient Payments	\$5,325,300	\$0	(\$5,325,300)	-100%
3	Outpatient Charges	\$11,156,688	\$0	(\$11,156,688)	-100%
4	Outpatient Payments	\$2,658,636	\$0	(\$2,658,636)	-100%
5	Discharges	408	0	(408)	-100%
6	Patient Days	3,013	0	(3,013)	-100%
7	Outpatient Visits (Excludes ED Visits)	6,484	0	(6,484)	-100%
8	Emergency Department Outpatient Visits	4,737	0	(4,737)	-100%
9	Emergency Department Inpatient Admissions	207	0	(207)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$27,519,297	\$0	(\$27,519,297)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,983,936	\$0	(\$7,983,936)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$44,860,227	\$61,378,613	\$16,518,386	37%
2	Inpatient Payments	\$15,704,736	\$22,992,706	\$7,287,970	46%
3	Outpatient Charges	\$28,923,359	\$41,270,513	\$12,347,154	43%
4	Outpatient Payments	\$9,847,837	\$14,400,811	\$4,552,974	46%
5	Discharges	1,703	2,220	517	30%
6	Patient Days	7,595	10,188	2,593	34%
7	Outpatient Visits (Excludes ED Visits)	17,974	24,377	6,403	36%
8	Emergency Department Outpatient Visits	13,231	17,907	4,676	35%
9	Emergency Department Inpatient Admissions	746	1,084	338	45%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$73,783,586	\$102,649,126	\$28,865,540	39%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$25,552,573	\$37,393,517	\$11,840,944	46%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$7,003,164	\$10,712,800	\$3,709,636	53%
2	Inpatient Payments	\$3,359,745	\$4,320,921	\$961,176	29%
3	Outpatient Charges	\$4,676,850	\$7,791,907	\$3,115,057	67%
4	Outpatient Payments	\$1,680,786	\$2,561,575	\$880,789	52%
5	Discharges	198	368	170	86%
6	Patient Days	1,371	1,882	511	37%
7	Outpatient Visits (Excludes ED Visits)	2,139	3,859	1,720	80%
8	Emergency Department Outpatient Visits	2,707	4,441	1,734	64%
9	Emergency Department Inpatient Admissions	89	178	89	100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,680,014	\$18,504,707	\$6,824,693	58%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,040,531	\$6,882,496	\$1,841,965	37%
	H. AETNA				
1	Inpatient Charges	\$13,430,061	\$22,836,579	\$9,406,518	70%
2	Inpatient Payments	\$6,268,343	\$8,221,637	\$1,953,294	31%
3	Outpatient Charges	\$11,137,960	\$16,892,631	\$5,754,671	52%
4	Outpatient Payments	\$4,039,629	\$5,682,234	\$1,642,605	41%
5	Discharges	472	708	236	50%
6	Patient Days	2,498	3,681	1,183	47%
7	Outpatient Visits (Excludes ED Visits)	5,608	8,882	3,274	58%
8	Emergency Department Outpatient Visits	6,111	8,450	2,339	38%
9	Emergency Department Inpatient Admissions	232	387	155	67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,568,021	\$39,729,210	\$15,161,189	62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,307,972	\$13,903,871	\$3,595,899	35%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$81,656,061	\$94,927,992	\$13,271,931	16%
	TOTAL INPATIENT PAYMENTS	\$30,658,124	\$35,535,264	\$4,877,140	16%
	TOTAL OUTPATIENT CHARGES	\$55,894,857	\$65,955,051	\$10,060,194	18%
	TOTAL OUTPATIENT PAYMENTS	\$18,226,888	\$22,644,620	\$4,417,732	24%
	TOTAL DISCHARGES	2,781	3,296	515	19%
	TOTAL PATIENT DAYS	14,477	15,751	1,274	9%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	32,205	37,118	4,913	15%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	26,786	30,798	4,012	15%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,274	1,649	375	29%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$137,550,918	\$160,883,043	\$23,332,125	17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$48,885,012	\$58,179,884	\$9,294,872	19%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$4,836,967	\$5,638,104	\$801,137	17%
2	Short Term Investments	\$5,286,908	\$11,027,121	\$5,740,213	109%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$26,094,375	\$23,910,497	(\$2,183,878)	-8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$5,185,038	\$10,424,098	\$5,239,060	101%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$585,139	\$618,412	\$33,273	6%
8	Prepaid Expenses	\$1,268,162	\$975,496	(\$292,666)	-23%
9	Other Current Assets	\$6,669,542	\$5,448,293	(\$1,221,249)	-18%
	Total Current Assets	\$49,926,131	\$58,042,021	\$8,115,890	16%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$54,638,548	\$70,154,812	\$15,516,264	28%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$54,638,548	\$70,154,812	\$15,516,264	28%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$85,444,221	\$93,335,551	\$7,891,330	9%
7	Other Noncurrent Assets	\$11,431,861	\$22,815,093	\$11,383,232	100%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$165,248,839	\$170,575,805	\$5,326,966	3%
2	Less: Accumulated Depreciation	\$69,251,951	\$78,194,916	\$8,942,965	\$0
	Property, Plant and Equipment, Net	\$95,996,888	\$92,380,889	(\$3,615,999)	-4%
3	Construction in Progress	\$1,846,645	\$2,272,562	\$425,917	23%
	Total Net Fixed Assets	\$97,843,533	\$94,653,451	(\$3,190,082)	-3%
	Total Assets	\$299,284,294	\$339,000,928	\$39,716,634	13%

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$22,137,072	\$27,297,994	\$5,160,922	23%
2	Salaries, Wages and Payroll Taxes	\$13,132,660	\$12,574,021	(\$558,639)	-4%
3	Due To Third Party Payers	\$413,822	\$1,654,459	\$1,240,637	300%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,260,000	\$2,375,000	\$115,000	5%
6	Current Portion of Notes Payable	\$3,222,230	\$4,246,490	\$1,024,260	32%
7	Other Current Liabilities	\$743,628	\$623,163	(\$120,465)	-16%
	Total Current Liabilities	\$41,909,412	\$48,771,127	\$6,861,715	16%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$32,943,820	\$30,531,457	(\$2,412,363)	-7%
2	Notes Payable (Net of Current Portion)	\$5,469,214	\$9,171,356	\$3,702,142	68%
	Total Long Term Debt	\$38,413,034	\$39,702,813	\$1,289,779	3%
3	Accrued Pension Liability	\$14,507,634	\$15,664,920	\$1,157,286	8%
4	Other Long Term Liabilities	\$19,846,945	\$20,453,010	\$606,065	3%
	Total Long Term Liabilities	\$72,767,613	\$75,820,743	\$3,053,130	4%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$98,946,091	\$109,366,904	\$10,420,813	11%
2	Temporarily Restricted Net Assets	\$16,312,385	\$19,020,035	\$2,707,650	17%
3	Permanently Restricted Net Assets	\$69,348,793	\$86,022,119	\$16,673,326	24%
	Total Net Assets	\$184,607,269	\$214,409,058	\$29,801,789	16%
	Total Liabilities and Net Assets	\$299,284,294	\$339,000,928	\$39,716,634	13%

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$415,668,643	\$448,026,177	\$32,357,534	8%
2	Less: Allowances	\$198,691,457	\$215,758,710	\$17,067,253	9%
3	Less: Charity Care	\$5,270,065	\$1,532,533	(\$3,737,532)	-71%
4	Less: Other Deductions	\$0	\$7,536,263	\$7,536,263	0%
	Total Net Patient Revenue	\$211,707,121	\$223,198,671	\$11,491,550	5%
5	Other Operating Revenue	\$17,984,474	\$18,402,062	\$417,588	2%
6	Net Assets Released from Restrictions	\$12,119,958	\$12,554,321	\$434,363	4%
	Total Operating Revenue	\$241,811,553	\$254,155,054	\$12,343,501	5%
B. Operating Expenses:					
1	Salaries and Wages	\$125,134,807	\$134,723,998	\$9,589,191	8%
2	Fringe Benefits	\$25,579,146	\$33,095,115	\$7,515,969	29%
3	Physicians Fees	\$7,117,547	\$8,596,301	\$1,478,754	21%
4	Supplies and Drugs	\$15,523,402	\$17,815,423	\$2,292,021	15%
5	Depreciation and Amortization	\$9,942,819	\$10,396,136	\$453,317	5%
6	Bad Debts	\$5,094,187	\$4,379,254	(\$714,933)	-14%
7	Interest	\$1,922,272	\$1,396,384	(\$525,888)	-27%
8	Malpractice	\$7,707,984	\$7,377,252	(\$330,732)	-4%
9	Other Operating Expenses	\$46,639,608	\$51,053,674	\$4,414,066	9%
	Total Operating Expenses	\$244,661,772	\$268,833,537	\$24,171,765	10%
	Income/(Loss) From Operations	(\$2,850,219)	(\$14,678,483)	(\$11,828,264)	415%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,875,836	\$14,123,287	\$12,247,451	653%
2	Gifts, Contributions and Donations	\$2,958,651	\$7,233,069	\$4,274,418	144%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$4,834,487	\$21,356,356	\$16,521,869	342%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,984,268	\$6,677,873	\$4,693,605	237%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$1,984,268	\$6,677,873	\$4,693,605	237%

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$202,956,213	\$211,707,121	\$223,198,671
2	Other Operating Revenue	29,511,730	30,104,432	30,956,383
3	Total Operating Revenue	\$232,467,943	\$241,811,553	\$254,155,054
4	Total Operating Expenses	238,730,027	244,661,772	268,833,537
5	Income/(Loss) From Operations	(\$6,262,084)	(\$2,850,219)	(\$14,678,483)
6	Total Non-Operating Revenue	9,257,538	4,834,487	21,356,356
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,995,454	\$1,984,268	\$6,677,873
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-2.59%	-1.16%	-5.33%
2	Parent Corporation Non-Operating Margin	3.83%	1.96%	7.75%
3	Parent Corporation Total Margin	1.24%	0.80%	2.42%
4	Income/(Loss) From Operations	(\$6,262,084)	(\$2,850,219)	(\$14,678,483)
5	Total Operating Revenue	\$232,467,943	\$241,811,553	\$254,155,054
6	Total Non-Operating Revenue	\$9,257,538	\$4,834,487	\$21,356,356
7	Total Revenue	\$241,725,481	\$246,646,040	\$275,511,410
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,995,454	\$1,984,268	\$6,677,873
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$103,126,462	\$98,946,091	\$109,366,904
2	Parent Corporation Total Net Assets	\$188,164,099	\$184,607,269	\$214,409,058
3	Parent Corporation Change in Total Net Assets	(\$25,798,244)	(\$3,556,830)	\$29,801,789
4	Parent Corporation Change in Total Net Assets %	87.9%	-1.9%	16.1%

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
D. Liquidity Measures Summary				
1	<u>Current Ratio</u>	0.97	1.19	1.19
2	Total Current Assets	\$49,100,096	\$49,926,131	\$58,042,021
3	Total Current Liabilities	\$50,418,137	\$41,909,412	\$48,771,127
4	<u>Days Cash on Hand</u>	19	16	24
5	Cash and Cash Equivalents	\$10,205,859	\$4,836,967	\$5,638,104
6	Short Term Investments	1,572,105	5,286,908	11,027,121
7	Total Cash and Short Term Investments	\$11,777,964	\$10,123,875	\$16,665,225
8	Total Operating Expenses	\$238,730,027	\$244,661,772	\$268,833,537
9	Depreciation Expense	\$8,714,022	\$9,942,819	\$10,396,136
10	Operating Expenses less Depreciation Expense	\$230,016,005	\$234,718,953	\$258,437,401
11	<u>Days Revenue in Patient Accounts Receivable</u>	42	44	36
12	Net Patient Accounts Receivable	\$ 26,041,623	\$ 26,094,375	\$ 23,910,497
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,435,053	\$413,822	\$1,654,459
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 23,606,570	\$ 25,680,553	\$ 22,256,038
16	Total Net Patient Revenue	\$202,956,213	\$211,707,121	\$223,198,671
17	<u>Average Payment Period</u>	80	65	69
18	Total Current Liabilities	\$50,418,137	\$41,909,412	\$48,771,127
19	Total Operating Expenses	\$238,730,027	\$244,661,772	\$268,833,537
20	Depreciation Expense	\$8,714,022	\$9,942,819	\$10,396,136
21	Total Operating Expenses less Depreciation Expense	\$230,016,005	\$234,718,953	\$258,437,401

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	62.6	61.7	63.2
2	Total Net Assets	\$188,164,099	\$184,607,269	\$214,409,058
3	Total Assets	\$300,568,231	\$299,284,294	\$339,000,928
4	<u>Cash Flow to Total Debt Ratio</u>	12.7	14.8	19.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,995,454	\$1,984,268	\$6,677,873
6	Depreciation Expense	\$8,714,022	\$9,942,819	\$10,396,136
7	Excess of Revenues Over Expenses and Depreciation Expense	\$11,709,476	\$11,927,087	\$17,074,009
8	Total Current Liabilities	\$50,418,137	\$41,909,412	\$48,771,127
9	Total Long Term Debt	\$41,956,701	\$38,413,034	\$39,702,813
10	Total Current Liabilities and Total Long Term Debt	\$92,374,838	\$80,322,446	\$88,473,940
11	<u>Long Term Debt to Capitalization Ratio</u>	18.2	17.2	15.6
12	Total Long Term Debt	\$41,956,701	\$38,413,034	\$39,702,813
13	Total Net Assets	\$188,164,099	\$184,607,269	\$214,409,058
14	Total Long Term Debt and Total Net Assets	\$230,120,800	\$223,020,303	\$254,111,871

CT CHILDREN'S MEDICAL CENTER						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	0	0	0	0.0%	0.0%
2	ICU/CCU (Excludes Neonatal ICU)	4,587	18	18	69.8%	69.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	0	0	0	0.0%	0.0%
7	Newborn	0	0	0	0.0%	0.0%
8	Neonatal ICU	10,228	32	32	87.6%	87.6%
9	Pediatric	21,984	92	97	65.5%	62.1%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	36,799	142	147	71.0%	68.6%
	TOTAL INPATIENT BED UTILIZATION	36,799	142	147	71.0%	68.6%
	TOTAL INPATIENT REPORTED YEAR	36,799	142	147	71.0%	68.6%
	TOTAL INPATIENT PRIOR YEAR	35,911	142	142	69.3%	69.3%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	888	0	5	1.7%	-0.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	0%	4%	2%	-1%
	Total Licensed Beds and Bassinets	147				
(A) This number may not exceed the number of available beds for each department or in total.						

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	1,576	1,421	-155	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,663	1,588	-75	-5%
3	Emergency Department Scans	1,199	979	-220	-18%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	4,438	3,988	-450	-10%
B. MRI Scans (A)					
1	Inpatient Scans	543	555	12	2%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,815	3,009	194	7%
3	Emergency Department Scans	56	70	14	25%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,414	3,634	220	6%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	11	3	-8	-73%
2	Outpatient Procedures	26	15	-11	-42%
	Total Cardiac Catheterization Procedures	37	18	-19	-51%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	4	0	-4	-100%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	4	0	-4	-100%
H. Electrophysiology Studies					
1	Inpatient Studies	6	2	-4	-67%
2	Outpatient Studies	1	6	5	500%
	Total Electrophysiology Studies	7	8	1	14%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,076	2,283	207	10%
2	Outpatient Surgical Procedures	7,666	7,623	-43	-1%
	Total Surgical Procedures	9,742	9,906	164	2%
J. Endoscopy Procedures					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	164	154	-10	-6%
2	Outpatient Endoscopy Procedures	1,327	1,629	302	23%
	Total Endoscopy Procedures	1,491	1,783	292	20%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	2,838	3,473	635	22%
2	Emergency Room Visits: Treated and Discharged	47,262	50,118	2,856	6%
	Total Emergency Room Visits	50,100	53,591	3,491	7%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	0	0	0	0%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	40,139	40,216	77	0%
2	Cardiology	0	0	0	0%
3	Chemotherapy	278	265	-13	-5%
4	Gastroenterology	1,919	2,101	182	9%
5	Other Outpatient Visits	35,929	43,161	7,232	20%
	Total Other Hospital Outpatient Visits	78,265	85,743	7,478	10%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	341.7	341.8	0.1	0%
2	Total Physician FTEs	30.1	30.0	-0.1	0%
3	Total Non-Nursing and Non-Physician FTEs	823.4	840.7	17.3	2%
	Total Hospital Full Time Equivalent Employees	1,195.2	1,212.5	17.3	1%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital OR Suite	7,666	7,623	-43	-1%
	Total Outpatient Surgical Procedures(A)	7,666	7,623	-43	-1%
B. Outpatient Endoscopy Procedures					
1	Hospital ENDO Suite	1,327	1,629	302	23%
	Total Outpatient Endoscopy Procedures(B)	1,327	1,629	302	23%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Department	47,262	50,118	2,856	6%
	Total Outpatient Hospital Emergency Room Visits(C)	47,262	50,118	2,856	6%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$438,448	\$327,619	(\$110,829)	-25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,622,018	\$2,997,225	\$375,207	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	598.02%	914.85%	316.83%	53%
4	DISCHARGES	8	8	0	0%
5	CASE MIX INDEX (CMI)	2.17720	1.76110	(0.41610)	-19%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	17.41760	14.08880	(3.32880)	-19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$150,538.42	\$212,738.13	\$62,199.71	41%
8	PATIENT DAYS	77	46	(31)	-40%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$34,052.18	\$65,157.07	\$31,104.88	91%
10	AVERAGE LENGTH OF STAY	9.6	5.8	(3.9)	-40%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$144,624	\$65,268	(\$79,356)	-55%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$872,231	\$598,250	(\$273,981)	-31%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	603.10%	916.61%	313.50%	52%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	32.99%	19.92%	-13.06%	-40%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2.63884	1.59375	(1.04508)	-40%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$330,536.37	\$375,371.67	\$44,835.30	14%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$583,072	\$392,887	(\$190,185)	-33%
18	TOTAL ACCRUED PAYMENTS	\$3,494,249	\$3,595,475	\$101,226	3%
19	TOTAL ALLOWANCES	(\$2,911,177)	(\$3,202,588)	(\$291,411)	10%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$97,703,389	\$103,765,887	\$6,062,498	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$56,993,764	\$66,616,874	\$9,623,110	17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.33%	64.20%	5.87%	10%
4	DISCHARGES	3,065	3,110	45	1%
5	CASE MIX INDEX (CMI)	1.44880	1.39760	(0.05120)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,440.57200	4,346.53600	(94.03600)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,834.78	\$15,326.43	\$2,491.65	19%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$137,703.64	\$197,411.70	\$59,708.06	43%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$611,482,933	\$858,057,077	\$246,574,144	40%
10	PATIENT DAYS	16,827	17,275	448	3%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,387.04	\$3,856.26	\$469.22	14%
12	AVERAGE LENGTH OF STAY	5.5	5.6	0.1	1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$77,948,865	\$77,357,626	(\$591,239)	-1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$42,702,591	\$41,808,528	(\$894,063)	-2%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.78%	54.05%	-0.74%	-1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	79.78%	74.55%	-5.23%	-7%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,445,29155	2,318,50971	(126,78183)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$17,463.19	\$18,032.50	\$569.31	3%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$313,073.18	\$357,339.17	\$44,265.99	14%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$765,555,204	\$828,494,341	\$62,939,137	8%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$175,652,254	\$181,123,513	\$5,471,259	3%
22	TOTAL ACCRUED PAYMENTS	\$99,696,355	\$108,425,402	\$8,729,047	9%
23	TOTAL ALLOWANCES	\$75,955,899	\$72,698,111	(\$3,257,788)	-4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,377,038,137	\$1,686,551,419	\$309,513,282	22%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$172,870,410	\$175,486,699	\$2,616,289	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$97,607,451	\$107,159,196	\$9,551,745	10%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,262,959	\$68,327,503	(\$6,935,456)	-9%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.54%	38.94%	-4.60%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$754,800	\$3,559,565	\$2,804,765	372%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$227,133	\$504,320	\$277,187	122%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.09%	14.17%	-15.92%	-53%
4	DISCHARGES	51	80	29	57%
5	CASE MIX INDEX (CMI)	1.15550	1.03140	(0.12410)	-11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	58.93050	82.51200	23.58150	40%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,854.25	\$6,112.08	\$2,257.83	59%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,980.53	\$9,214.35	\$233.82	3%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$146,684.17	\$206,626.05	\$59,941.88	41%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,644,171	\$17,049,129	\$8,404,957	97%
11	PATIENT DAYS	147	585	438	298%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,545.12	\$862.09	(\$683.04)	-44%
13	AVERAGE LENGTH OF STAY	2.9	7.3	4.4	154%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,027,044	\$2,077,249	\$50,205	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$609,974	\$761,886	\$151,912	25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.09%	36.68%	6.59%	22%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	268.55%	58.36%	-210.20%	-78%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	136.96243	46.68546	(90.27698)	-66%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,453.59	\$16,319.56	\$11,865.97	266%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$13,009.60	\$1,712.94	(\$11,296.66)	-87%
21	MEDICARE - UNINSURED OP PMT / OPED	\$326,082.79	\$359,052.12	\$32,969.33	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$44,661,091	\$16,762,512	(\$27,898,579)	-62%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$2,781,844	\$5,636,814	\$2,854,970	103%
24	TOTAL ACCRUED PAYMENTS	\$837,107	\$1,266,206	\$429,099	51%
25	TOTAL ALLOWANCES	\$1,944,737	\$4,370,608	\$2,425,871	125%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$53,305,263	\$33,811,641	(\$19,493,622)	-37%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$105,506,414	\$117,977,955	\$12,471,541	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$39,143,893	\$42,896,247	\$3,752,354	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.10%	36.36%	-0.74%	-2%
4	DISCHARGES	3,255	3,644	389	12%
5	CASE MIX INDEX (CMI)	1.36110	1.26230	(0.09880)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,430.38050	4,599.82120	169.44070	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,835.33	\$9,325.63	\$490.30	6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,999.45	\$6,000.80	\$2,001.35	50%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$141,703.09	\$203,412.50	\$61,709.41	44%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$627,798,591	\$935,661,125	\$307,862,533	49%
11	PATIENT DAYS	18,909	19,338	429	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,070.12	\$2,218.24	\$148.12	7%
13	AVERAGE LENGTH OF STAY	5.8	5.3	(0.5)	-9%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$62,090,860	\$69,990,631	\$7,899,771	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$20,476,793	\$22,828,307	\$2,351,514	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.98%	32.62%	-0.36%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	58.85%	59.33%	0.47%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,915.57785	2,161.80946	246.23162	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,689.62	\$10,559.81	(\$129.80)	-1%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,773.57	\$7,472.69	\$699.11	10%
21	MEDICARE - MEDICAID OP PMT / OPED	\$319,846.75	\$364,811.86	\$44,965.10	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$612,691,358	\$788,653,727	\$175,962,369	29%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$167,597,274	\$187,968,586	\$20,371,312	12%
24	TOTAL ACCRUED PAYMENTS	\$59,620,686	\$65,724,554	\$6,103,868	10%
25	TOTAL ALLOWANCES	\$107,976,588	\$122,244,032	\$14,267,444	13%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,240,489,949	\$1,724,314,851	\$483,824,902	39%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$12,834.78	\$15,326.43	\$2,491.65	19%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$150,538.42	\$212,738.13	\$62,199.71	41%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$17,463.19	\$18,032.50	\$569.31	3%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$330,536.37	\$375,371.67	\$44,835.30	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$105,506,414	\$117,977,955	\$12,471,541	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$39,143,893	\$42,896,247	\$3,752,354	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.10%	36.36%	-0.74%	-2%
4	DISCHARGES	3,255	3,644	389	12%
5	CASE MIX INDEX (CMI)	1.36110	1.26230	(0.09880)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,430.38050	4,599.82120	169.44070	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,835.33	\$9,325.63	\$490.30	6%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,999.45	\$6,000.80	\$2,001.35	50%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$141,703.09	\$203,412.50	\$61,709.41	44%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$627,798,591	\$935,661,125	\$307,862,533	49%
11	PATIENT DAYS	18,909	19,338	429	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,070.12	\$2,218.24	\$148.12	7%
13	AVERAGE LENGTH OF STAY	5.8	5.3	(0.5)	-9%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$62,090,860	\$69,990,631	\$7,899,771	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$20,476,793	\$22,828,307	\$2,351,514	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.98%	32.62%	-0.36%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	58.85%	59.33%	0.47%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,915.57785	2,161.80946	246.23162	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,689.62	\$10,559.81	(\$129.80)	-1%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,773.57	\$7,472.69	\$699.11	10%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$319,846.75	\$364,811.86	\$44,965.10	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$612,691,358	\$788,653,727	\$175,962,369	29%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$167,597,274	\$187,968,586	\$20,371,312	12%
24	TOTAL ACCRUED PAYMENTS	\$59,620,686	\$65,724,554	\$6,103,868	10%
25	TOTAL ALLOWANCES	\$107,976,588	\$122,244,032	\$14,267,444	13%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$457,574	\$876,816	\$419,242	92%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$76,422	\$326,298	\$249,876	327%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.70%	37.21%	20.51%	123%
4	DISCHARGES	31	38	7	23%
5	CASE MIX INDEX (CMI)	0.94550	1.13450	0.18900	20%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	29.31050	43.11100	13.80050	47%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,607.33	\$7,568.79	\$4,961.46	190%
8	PATIENT DAYS	98	140	42	43%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$779.82	\$2,330.70	\$1,550.88	199%
10	AVERAGE LENGTH OF STAY	3.2	3.7	0.5	17%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$637,881	\$680,464	\$42,583	7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$351,959	\$370,211	\$18,252	5%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,095,455	\$1,557,280	\$461,825	42%
14	TOTAL ACCRUED PAYMENTS	\$428,381	\$696,509	\$268,128	63%
15	TOTAL ALLOWANCES	\$667,074	\$860,771	\$193,697	29%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$30,958,808	\$24,648,825	(\$6,309,983)	-20%
2	TOTAL OPERATING EXPENSES	\$185,535,330	\$200,115,623	\$14,580,293	8%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$442,542	\$1,326,729	\$884,187	200%
5	BAD DEBTS (CHARGES)	\$3,808,276	\$3,302,352	(\$505,924)	-13%
6	UNCOMPENSATED CARE (CHARGES)	\$4,250,818	\$4,629,081	\$378,263	9%
7	COST OF UNCOMPENSATED CARE	\$1,967,884	\$2,222,997	\$255,113	13%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$167,597,274	\$187,968,586	\$20,371,312	12%
9	TOTAL ACCRUED PAYMENTS	\$59,620,686	\$65,724,554	\$6,103,868	10%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$77,587,870	\$90,267,060	\$12,679,189	16%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$17,967,184	\$24,542,506	\$6,575,321	37%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$204,105,825	\$222,948,277	\$18,842,452	9%
2	TOTAL INPATIENT PAYMENTS	\$98,836,097	\$112,836,644	\$14,000,547	14%
3	TOTAL INPATIENT PAYMENTS / CHARGES	48.42%	50.61%	2.19%	5%
4	TOTAL DISCHARGES	6,359	6,800	441	7%
5	TOTAL CASE MIX INDEX	1.40237	1.32405	(0.07832)	-6%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	8,917,68060	9,003,55700	85,87640	1%
7	TOTAL OUTPATIENT CHARGES	\$140,822,230	\$148,093,989	\$7,271,759	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	68.99%	66.43%	-2.57%	-4%
9	TOTAL OUTPATIENT PAYMENTS	\$64,403,574	\$65,605,296	\$1,201,722	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.73%	44.30%	-1.43%	-3%
11	TOTAL CHARGES	\$344,928,055	\$371,042,266	\$26,114,211	8%
12	TOTAL PAYMENTS	\$163,239,671	\$178,441,940	\$15,202,269	9%
13	TOTAL PAYMENTS / TOTAL CHARGES	47.33%	48.09%	0.77%	2%
14	PATIENT DAYS	35,911	36,799	888	2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$106,402,436	\$119,182,390	\$12,779,954	12%
2	INPATIENT PAYMENTS	\$41,842,333	\$46,219,770	\$4,377,437	10%
3	GOVT. INPATIENT PAYMENTS / CHARGES	39.32%	38.78%	-0.54%	-1%
4	DISCHARGES	3,294	3,690	396	12%
5	CASE MIX INDEX	1.35917	1.26207	(0.09711)	-7%
6	CASE MIX ADJUSTED DISCHARGES	4,477.10860	4,657.02100	179.91240	4%
7	OUTPATIENT CHARGES	\$62,873,365	\$70,736,363	\$7,862,998	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	59.09%	59.35%	0.26%	0%
9	OUTPATIENT PAYMENTS	\$21,700,983	\$23,796,768	\$2,095,785	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.52%	33.64%	-0.87%	-3%
11	TOTAL CHARGES	\$169,275,801	\$189,918,753	\$20,642,952	12%
12	TOTAL PAYMENTS	\$63,543,316	\$70,016,538	\$6,473,222	10%
13	TOTAL PAYMENTS / CHARGES	37.54%	36.87%	-0.67%	-2%
14	PATIENT DAYS	19,084	19,524	440	2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$105,732,485	\$119,902,215	\$14,169,730	13%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	9.6	5.8	(3.9)	-40%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.5	5.6	0.1	1%
3	UNINSURED	2.9	7.3	4.4	154%
4	MEDICAID	5.8	5.3	(0.5)	-9%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.2	3.7	0.5	17%
7	TOTAL AVERAGE LENGTH OF STAY	5.6	5.4	(0.2)	-4%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$344,928,055	\$371,042,266	\$26,114,211	8%
2	TOTAL GOVERNMENT DEDUCTIONS	\$105,732,485	\$119,902,215	\$14,169,730	13%
3	UNCOMPENSATED CARE	\$4,250,818	\$4,629,081	\$378,263	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,262,959	\$68,327,503	(\$6,935,456)	-9%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$185,246,262	\$192,858,799	\$7,612,537	4%
7	TOTAL ACCRUED PAYMENTS	\$159,681,793	\$178,183,467	\$18,501,674	12%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$159,681,793	\$178,183,467	\$18,501,674	12%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4629423171	0.4802241775	0.0172818604	4%
11	COST OF UNCOMPENSATED CARE	\$1,967,884	\$2,222,997	\$255,113	13%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$17,967,184	\$24,542,506	\$6,575,321	37%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$19,935,068	\$26,765,502	\$6,830,434	34%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$612,691,358	\$788,653,727	\$175,962,369	29%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$53,305,263	\$33,811,641	(\$19,493,622)	-37%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$665,996,620	\$822,465,368	\$156,468,748	23%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$15,236,782	\$6,786,090	(\$8,450,692)	-55.46%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$178,476,453	\$185,228,030	\$6,751,577	3.78%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$344,928,056	\$371,042,266	\$26,114,210	7.57%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$4,591,494	\$7,536,262	\$2,944,768	64.14%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$8,842,313	\$12,165,343	\$3,323,030	37.58%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$97,703,389	\$103,765,887	\$6,062,498
2	MEDICARE	\$438,448	327,619	(\$110,829)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$105,506,414	117,977,955	\$12,471,541
4	MEDICAID	\$105,506,414	117,977,955	\$12,471,541
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$457,574	876,816	\$419,242
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$754,800	3,559,565	\$2,804,765
	TOTAL INPATIENT GOVERNMENT CHARGES	\$106,402,436	\$119,182,390	\$12,779,954
	TOTAL INPATIENT CHARGES	\$204,105,825	\$222,948,277	\$18,842,452
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,948,865	\$77,357,626	(\$591,239)
2	MEDICARE	\$144,624	65,268	(\$79,356)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$62,090,860	69,990,631	\$7,899,771
4	MEDICAID	\$62,090,860	69,990,631	\$7,899,771
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$637,881	680,464	\$42,583
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,027,044	2,077,249	\$50,205
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$62,873,365	\$70,736,363	\$7,862,998
	TOTAL OUTPATIENT CHARGES	\$140,822,230	\$148,093,989	\$7,271,759
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$175,652,254	\$181,123,513	\$5,471,259
2	TOTAL MEDICARE	\$583,072	\$392,887	(\$190,185)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$167,597,274	\$187,968,586	\$20,371,312
4	TOTAL MEDICAID	\$167,597,274	\$187,968,586	\$20,371,312
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,095,455	\$1,557,280	\$461,825
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,781,844	\$5,636,814	\$2,854,970
	TOTAL GOVERNMENT CHARGES	\$169,275,801	\$189,918,753	\$20,642,952
	TOTAL CHARGES	\$344,928,055	\$371,042,266	\$26,114,211
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$56,993,764	\$66,616,874	\$9,623,110
2	MEDICARE	\$2,622,018	2,997,225	\$375,207
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$39,143,893	42,896,247	\$3,752,354
4	MEDICAID	\$39,143,893	42,896,247	\$3,752,354
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$76,422	326,298	\$249,876
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$227,133	504,320	\$277,187
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$41,842,333	\$46,219,770	\$4,377,437
	TOTAL INPATIENT PAYMENTS	\$98,836,097	\$112,836,644	\$14,000,547
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$42,702,591	\$41,808,528	(\$894,063)
2	MEDICARE	\$872,231	598,250	(\$273,981)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,476,793	22,828,307	\$2,351,514
4	MEDICAID	\$20,476,793	22,828,307	\$2,351,514
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$351,959	370,211	\$18,252
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$609,974	761,886	\$151,912
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$21,700,983	\$23,796,768	\$2,095,785
	TOTAL OUTPATIENT PAYMENTS	\$64,403,574	\$65,605,296	\$1,201,722
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$99,696,355	\$108,425,402	\$8,729,047
2	TOTAL MEDICARE	\$3,494,249	\$3,595,475	\$101,226
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$59,620,686	\$65,724,554	\$6,103,868
4	TOTAL MEDICAID	\$59,620,686	\$65,724,554	\$6,103,868
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$428,381	\$696,509	\$268,128
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$837,107	\$1,266,206	\$429,099
	TOTAL GOVERNMENT PAYMENTS	\$63,543,316	\$70,016,538	\$6,473,222
	TOTAL PAYMENTS	\$163,239,671	\$178,441,940	\$15,202,269

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.33%	27.97%	-0.36%
2	MEDICARE	0.13%	0.09%	-0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30.59%	31.80%	1.21%
4	MEDICAID	30.59%	31.80%	1.21%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.13%	0.24%	0.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.22%	0.96%	0.74%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.85%	32.12%	1.27%
	TOTAL INPATIENT PAYER MIX	59.17%	60.09%	0.91%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.60%	20.85%	-1.75%
2	MEDICARE	0.04%	0.02%	-0.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18.00%	18.86%	0.86%
4	MEDICAID	18.00%	18.86%	0.86%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.18%	0.18%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.59%	0.56%	-0.03%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	18.23%	19.06%	0.84%
	TOTAL OUTPATIENT PAYER MIX	40.83%	39.91%	-0.91%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.91%	37.33%	2.42%
2	MEDICARE	1.61%	1.68%	0.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.98%	24.04%	0.06%
4	MEDICAID	23.98%	24.04%	0.06%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.05%	0.18%	0.14%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.14%	0.28%	0.14%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	25.63%	25.90%	0.27%
	TOTAL INPATIENT PAYER MIX	60.55%	63.23%	2.69%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.16%	23.43%	-2.73%
2	MEDICARE	0.53%	0.34%	-0.20%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.54%	12.79%	0.25%
4	MEDICAID	12.54%	12.79%	0.25%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.22%	0.21%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.37%	0.43%	0.05%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.29%	13.34%	0.04%
	TOTAL OUTPATIENT PAYER MIX	39.45%	36.77%	-2.69%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

CT CHILDREN'S MEDICAL CENTER				
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FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,065	3,110	45
2	MEDICARE	8	8	-
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,255	3,644	389
4	MEDICAID	3,255	3,644	389
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	31	38	7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	51	80	29
	TOTAL GOVERNMENT DISCHARGES	3,294	3,690	396
	TOTAL DISCHARGES	6,359	6,800	441
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16,827	17,275	448
2	MEDICARE	77	46	(31)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,909	19,338	429
4	MEDICAID	18,909	19,338	429
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	98	140	42
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	147	585	438
	TOTAL GOVERNMENT PATIENT DAYS	19,084	19,524	440
	TOTAL PATIENT DAYS	35,911	36,799	888
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.5	5.6	0.1
2	MEDICARE	9.6	5.8	(3.9)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.8	5.3	(0.5)
4	MEDICAID	5.8	5.3	(0.5)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.2	3.7	0.5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.9	7.3	4.4
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.8	5.3	(0.5)
	TOTAL AVERAGE LENGTH OF STAY	5.6	5.4	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.44880	1.39760	(0.05120)
2	MEDICARE	2.17720	1.76110	(0.41610)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.36110	1.26230	(0.09880)
4	MEDICAID	1.36110	1.26230	(0.09880)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.94550	1.13450	0.18900
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.15550	1.03140	(0.12410)
	TOTAL GOVERNMENT CASE MIX INDEX	1.35917	1.26207	(0.09711)
	TOTAL CASE MIX INDEX	1.40237	1.32405	(0.07832)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$172,870,410	\$175,486,699	\$2,616,289
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$97,607,451	\$107,159,196	\$9,551,745
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,262,959	\$68,327,503	(\$6,935,456)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.54%	38.94%	-4.60%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$442,542	\$1,326,729	\$884,187
9	BAD DEBTS	\$3,808,276	\$3,302,352	(\$505,924)
10	TOTAL UNCOMPENSATED CARE	\$4,250,818	\$4,629,081	\$378,263
11	TOTAL OTHER OPERATING REVENUE	\$172,870,410	\$175,486,699	\$2,616,289
12	TOTAL OPERATING EXPENSES	\$185,535,330	\$200,115,623	\$14,580,293

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,440.57200	4,346.53600	(94.03600)
2	MEDICARE	17.41760	14.08880	(3.32880)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,430.38050	4,599.82120	169.44070
4	MEDICAID	4,430.38050	4,599.82120	169.44070
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	29.31050	43.11100	13.80050
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	58.93050	82.51200	23.58150
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	4,477.10860	4,657.02100	179.91240
	TOTAL CASE MIX ADJUSTED DISCHARGES	8,917.68060	9,003.55700	85.87640
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,445.29155	2,318.50971	-126.78183
2	MEDICARE	2.63884	1.59375	-1.04508
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,915.57785	2,161.80946	246.23162
4	MEDICAID	1,915.57785	2,161.80946	246.23162
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	43.21555	29.49037	-13.72517
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	136.96243	46.68546	-90.27698
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	1,961.43223	2,192.89359	231.46136
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	4,406.72378	4,511.40330	104.67953
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,834.78	\$15,326.43	\$2,491.65
2	MEDICARE	\$150,538.42	\$212,738.13	\$62,199.71
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,835.33	\$9,325.63	\$490.30
4	MEDICAID	\$8,835.33	\$9,325.63	\$490.30
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$2,607.33	\$7,568.79	\$4,961.46
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,854.25	\$6,112.08	\$2,257.83
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,345.84	\$9,924.75	\$578.91
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$11,083.16	\$12,532.45	\$1,449.29
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,463.19	\$18,032.50	\$569.31
2	MEDICARE	\$330,536.37	\$375,371.67	\$44,835.30
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,689.62	\$10,559.81	(\$129.80)
4	MEDICAID	\$10,689.62	\$10,559.81	(\$129.80)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$8,144.27	\$12,553.62	\$4,409.35
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,453.59	\$16,319.56	\$11,865.97
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,063.85	\$10,851.77	(\$212.08)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$14,614.84	\$14,542.10	(\$72.74)

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$612,691,358	\$788,653,727	\$175,962,369
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$53,305,263	\$33,811,641	(\$19,493,622)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$665,996,620	\$822,465,368	\$156,468,748
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$344,928,055	\$371,042,266	\$26,114,211
2	TOTAL GOVERNMENT DEDUCTIONS	\$105,732,485	\$119,902,215	\$14,169,730
3	UNCOMPENSATED CARE	\$4,250,818	\$4,629,081	\$378,263
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,262,959	\$68,327,503	(\$6,935,456)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$185,246,262	\$192,858,799	\$7,612,537
7	TOTAL ACCRUED PAYMENTS	\$159,681,793	\$178,183,467	\$18,501,674
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$159,681,793	\$178,183,467	\$18,501,674
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4629423171	0.4802241775	0.0172818604
11	COST OF UNCOMPENSATED CARE	\$1,967,884	\$2,222,997	\$255,113
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$17,967,184	\$24,542,506	\$6,575,321
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$19,935,068	\$26,765,502	\$6,830,434
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	58.33%	64.20%	5.87%
2	MEDICARE	598.02%	914.85%	316.83%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.10%	36.36%	-0.74%
4	MEDICAID	37.10%	36.36%	-0.74%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	16.70%	37.21%	20.51%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	30.09%	14.17%	-15.92%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	39.32%	38.78%	-0.54%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	48.42%	50.61%	2.19%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.78%	54.05%	-0.74%
2	MEDICARE	603.10%	916.61%	313.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.98%	32.62%	-0.36%
4	MEDICAID	32.98%	32.62%	-0.36%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	55.18%	54.41%	-0.77%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	30.09%	36.68%	6.59%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.52%	33.64%	-0.87%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	45.73%	44.30%	-1.43%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$163,239,671	\$178,441,940	\$15,202,269
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$163,239,671	\$178,441,940	\$15,202,269
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$15,236,782	\$6,786,090	(\$8,450,692)
4	CALCULATED NET REVENUE	\$178,476,453	\$185,228,030	\$6,751,577
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$178,476,453	\$185,228,030	\$6,751,577
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$344,928,055	\$371,042,266	\$26,114,211
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$344,928,055	\$371,042,266	\$26,114,211
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$344,928,056	\$371,042,266	\$26,114,210
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$0	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,250,818	\$4,629,081	\$378,263
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$4,591,494	\$7,536,262	\$2,944,768
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,842,312	\$12,165,343	\$3,323,031
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,842,313	\$12,165,343	\$3,323,030
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$0	\$1

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$103,765,887
2	MEDICARE	327,619
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	117,977,955
4	MEDICAID	117,977,955
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	876,816
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,559,565
	TOTAL INPATIENT GOVERNMENT CHARGES	\$119,182,390
	TOTAL INPATIENT CHARGES	\$222,948,277
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,357,626
2	MEDICARE	65,268
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	69,990,631
4	MEDICAID	69,990,631
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	680,464
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,077,249
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$70,736,363
	TOTAL OUTPATIENT CHARGES	\$148,093,989
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$181,123,513
2	TOTAL GOVERNMENT ACCRUED CHARGES	189,918,753
	TOTAL ACCRUED CHARGES	\$371,042,266
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,616,874
2	MEDICARE	2,997,225
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	42,896,247
4	MEDICAID	42,896,247
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	326,298
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	504,320
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$46,219,770
	TOTAL INPATIENT PAYMENTS	\$112,836,644
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,808,528
2	MEDICARE	598,250
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,828,307
4	MEDICAID	22,828,307
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	370,211
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	761,886
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$23,796,768
	TOTAL OUTPATIENT PAYMENTS	\$65,605,296
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$108,425,402
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	70,016,538
	TOTAL ACCRUED PAYMENTS	\$178,441,940

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,110
2	MEDICARE	8
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,644
4	MEDICAID	3,644
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	38
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	80
	TOTAL GOVERNMENT DISCHARGES	3,690
	TOTAL DISCHARGES	6,800
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.39760
2	MEDICARE	1.76110
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.26230
4	MEDICAID	1.26230
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.13450
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03140
	TOTAL GOVERNMENT CASE MIX INDEX	1.26207
	TOTAL CASE MIX INDEX	1.32405
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$175,486,699
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$107,159,196
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,327,503
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.94%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,326,729
9	BAD DEBTS	\$3,302,352
10	TOTAL UNCOMPENSATED CARE	\$4,629,081
11	TOTAL OTHER OPERATING REVENUE	\$24,648,825
12	TOTAL OPERATING EXPENSES	\$200,115,623

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$178,441,940
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$178,441,940
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,786,090
	CALCULATED NET REVENUE	\$185,228,030
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$185,228,030
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$371,042,266
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$371,042,266
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$371,042,266
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,629,081
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$7,536,262
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,165,343
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,165,343
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	263	123	(140)	-53%
2	Number of Approved Applicants	236	83	(153)	-65%
3	Total Charges (A)	\$442,542	\$1,326,729	\$884,187	200%
4	Average Charges	\$1,875	\$15,985	\$14,110	752%
5	Ratio of Cost to Charges (RCC)	0.503591	0.493594	(0.009997)	-2%
6	Total Cost	\$222,860	\$654,865	\$432,005	194%
7	Average Cost	\$944	\$7,890	\$6,946	736%
8	Charity Care - Inpatient Charges	\$253,958	\$1,133,080	\$879,122	346%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	140,236	142,553	2,317	2%
10	Charity Care - Emergency Department Charges	48,348	51,096	2,748	6%
11	Total Charges (A)	\$442,542	\$1,326,729	\$884,187	200%
12	Charity Care - Number of Patient Days	186	262	76	41%
13	Charity Care - Number of Discharges	44	11	(33)	-75%
14	Charity Care - Number of Outpatient ED Visits	68	70	2	3%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	181	127	(54)	-30%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$762,813	\$1,467,676	\$704,863	92%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,166,272	1,163,821	(2,451)	0%
3	Bad Debts - Emergency Department	1,879,191	670,855	(1,208,336)	-64%
4	Total Bad Debts (A)	\$3,808,276	\$3,302,352	(\$505,924)	-13%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$442,542	\$1,326,729	\$884,187	200%
2	Bad Debts (A)	3,808,276	3,302,352	(505,924)	-13%
3	Total Uncompensated Care (A)	\$4,250,818	\$4,629,081	\$378,263	9%
4	Uncompensated Care - Inpatient Services	\$1,016,771	\$2,600,756	\$1,583,985	156%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,306,508	1,306,374	(134)	0%
6	Uncompensated Care - Emergency Department	1,927,539	721,951	(1,205,588)	-63%
7	Total Uncompensated Care (A)	\$4,250,818	\$4,629,081	\$378,263	9%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$198,906,585	\$204,105,825	\$222,948,277
2	Outpatient Gross Revenue	\$119,583,149	\$140,822,230	\$148,093,989
3	Total Gross Patient Revenue	\$318,489,734	\$344,928,055	\$371,042,266
4	Net Patient Revenue	\$173,156,229	\$178,476,453	\$185,228,029
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$184,175,127	\$185,535,330	\$200,115,623
C. <u>Utilization Statistics</u>				
1	Patient Days	37,137	35,911	36,799
2	Discharges	5,806	6,359	6,800
3	Average Length of Stay	6.4	5.6	5.4
4	Equivalent (Adjusted) Patient Days (EPD)	59,464	60,688	61,243
0	Equivalent (Adjusted) Discharges (ED)	9,297	10,746	11,317
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.52106	1.40237	1.32405
2	Case Mix Adjusted Patient Days (CMAPD)	56,488	50,361	48,724
3	Case Mix Adjusted Discharges (CMAD)	8,831	8,918	9,004
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	90,448	85,107	81,089
5	Case Mix Adjusted Equivalent Discharges (CMAED)	14,141	15,070	14,984
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$8,576	\$9,605	\$10,083
2	Total Gross Revenue per Discharge	\$54,855	\$54,242	\$54,565
3	Total Gross Revenue per EPD	\$5,356	\$5,684	\$6,059
4	Total Gross Revenue per ED	\$34,259	\$32,097	\$32,787
5	Total Gross Revenue per CMAEPD	\$3,521	\$4,053	\$4,576
6	Total Gross Revenue per CMAED	\$22,523	\$22,888	\$24,762
7	Inpatient Gross Revenue per EPD	\$3,345	\$3,363	\$3,640
8	Inpatient Gross Revenue per ED	\$21,396	\$18,993	\$19,700

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,663	\$4,970	\$5,034
2	Net Patient Revenue per Discharge	\$29,824	\$28,067	\$27,239
3	Net Patient Revenue per EPD	\$2,912	\$2,941	\$3,024
4	Net Patient Revenue per ED	\$18,626	\$16,608	\$16,367
5	Net Patient Revenue per CMAEPD	\$1,914	\$2,097	\$2,284
6	Net Patient Revenue per CMAED	\$12,245	\$11,843	\$12,362
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,959	\$5,167	\$5,438
2	Total Operating Expense per Discharge	\$31,722	\$29,177	\$29,429
3	Total Operating Expense per EPD	\$3,097	\$3,057	\$3,268
4	Total Operating Expense per ED	\$19,811	\$17,265	\$17,683
5	Total Operating Expense per CMAEPD	\$2,036	\$2,180	\$2,468
6	Total Operating Expense per CMAED	\$13,024	\$12,311	\$13,355
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$30,432,035	\$31,734,175	\$30,506,666
2	Nursing Fringe Benefits Expense	\$7,390,356	\$6,873,731	\$7,993,371
3	Total Nursing Salary and Fringe Benefits Expense	\$37,822,391	\$38,607,906	\$38,500,037
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$0	\$0	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$50,351,528	\$52,090,987	\$57,055,366
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$12,227,763	\$11,283,085	\$14,949,675
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$62,579,291	\$63,374,072	\$72,005,041
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$80,783,563	\$83,825,162	\$87,562,032
2	Total Fringe Benefits Expense	\$19,618,119	\$18,156,816	\$22,943,046
3	Total Salary and Fringe Benefits Expense	\$100,401,682	\$101,981,978	\$110,505,078

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	354.7	341.7	341.8
2	Total Physician FTEs	8.3	30.1	30.0
3	Total Non-Nursing, Non-Physician FTEs	826.5	823.4	840.7
4	Total Full Time Equivalent Employees (FTEs)	1,189.5	1,195.2	1,212.5
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$85,797	\$92,871	\$89,253
2	Nursing Fringe Benefits Expense per FTE	\$20,836	\$20,116	\$23,386
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$106,632	\$112,988	\$112,639
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$0	\$0	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$60,921	\$63,263	\$67,866
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,795	\$13,703	\$17,782
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$75,716	\$76,966	\$85,649
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$67,914	\$70,135	\$72,216
2	Total Fringe Benefits Expense per FTE	\$16,493	\$15,191	\$18,922
3	Total Salary and Fringe Benefits Expense per FTE	\$84,407	\$85,326	\$91,138
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,704	\$2,840	\$3,003
2	Total Salary and Fringe Benefits Expense per Discharge	\$17,293	\$16,037	\$16,251
3	Total Salary and Fringe Benefits Expense per EPD	\$1,688	\$1,680	\$1,804
4	Total Salary and Fringe Benefits Expense per ED	\$10,800	\$9,490	\$9,765
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,110	\$1,198	\$1,363
6	Total Salary and Fringe Benefits Expense per CMAED	\$7,100	\$6,767	\$7,375